

## Side-by-side Comparison

	PPO		Open Access POS		HMO	Medicare Advantage
BENEFIT FEATURES	IN-NETWORK	NON-NETWORK	IN-NETWORK	NON-NETWORK	NETWORK ONLY	NO NETWORK Use Any Medicare Provider
Annual Deductible (per individual)	\$300	\$400	\$300	\$400	\$0	\$0
Coinsurance (your cost)	20%	40%	20%	40%	10%	0%
Out-of-Pocket Maximum (Annual)	\$1,500 single \$3,000 family	\$3,000 single \$5,000 family	\$1,500 single \$3,000 family	\$3,000 single \$5,000 family	\$1,000 single \$2,000 family	\$3,250 individual
Office Visit Copay	\$20	N/A	\$20	N/A	\$15	\$10
PCP Required	No	N/A	No	N/A	Yes	No
Specialist Referral Required	No	N/A	No	N/A	Yes	No
Blue Cross Blue Shield of GA www.bcbsga.com	BlueChoice Preferred Provider Organization (PPO)		Blue Open Access Point of Service (POS)		BlueChoice Healthcare Plan (HMO)	Medicare Advantage
MEDCO Pharmacy Copays	RETAIL	MAIL 90-day supply	RETAIL	MAIL 90-day supply	RETAIL	MAIL 90-day supply
Generic	\$10	\$17.50	\$10	\$17.50	\$10	\$17.50
Brand Formulary	\$20	\$35	\$20	\$35	\$20	\$35
Brand Non-Formulary	\$35	\$60	\$35	\$60	\$35	\$60
2008 Monthly Premiums						
Single	\$91.22		\$61.88		\$44.53	\$50.59
Single + 1	\$283.75		\$224.33		\$159.42	\$199.46
Family	\$387.94		\$306.70		\$215.22	N/A